



Board of Health Agenda

Date: October 23, 2019

Time: 5:30 PM

Location: Ground Floor Conference Room

1. Acceptance of Meeting Minutes from June 19, 2019
2. Acceptance of Meeting Minutes from August 14, 2019
3. HEARING:
Taipei-Tokyo Sushi Variance
4. CORRESPONDENCE
RECEIVED:
Correspondence Received
5. DISCUSSION:
Tobacco Regulation
6. DISCUSSION:
CBD Regulation
7. UPDATES:
Environmental
8. UPDATES:
Restaurant
9. UPDATES:
Public Health Nurse

Adjourn



Town of Arlington, Massachusetts

Acceptance of Meeting Minutes from June 19, 2019

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	2019_6_19_MinutesMeeting.pdf	6-19-2019 Meeting Minutes



Board of Health Minutes

Date: June 19, 2019

Time: 5:30 PM

Location: Ground Floor Conference Room

Attendance: Dr. Marie Walsh Condon, Mr. Kenneth Kohlberg, Dr. Kevin Fallon

1. Acceptance of Meeting Minutes from May 22, 2019

A motion to Approve was made by Kevin Fallon, and seconded by Kenneth Kohlberg, with a result of Passed.

Vote: 3-0 in favor of the motion (Unanimous)

2. HEARING:

Keeping of Hens - 14 Ryder Street

Inspector Sullivan reported that the Health Department has had no recent reports of rodent activity in the area. She stated there were issues reported in the area over the past few years, but has not received new reports in recent months.

Applicant Nicole Weber addressed the Board. She reported she has experience with hens and teaches animal behavior at Lesley University. She further stated she grew up in a farming area in North Dakota, and has a PhD in environmental biology. Ms. Weber stated she is willing to take a hen keeping class if required, however, she reported the application is not explicit that a course is a requirement, and it is not a requirement in the by-law.

Director Waden stated the Board of Health has required in the past that applicants take a course, as a condition of the issuance of a permit. The application will be revised to clarify this as a requirement. Inspector Sullivan informed the applicant that several places offer courses including: Wright Lock Farm, Arlington Community Education, Drumlin Farm and on-line classes are also available.

Dr. Marie Walsh-Condon, Board of Health Chairperson, opened up the floor to Public Comment.

Resident Kristin Azar - Reported there has been a serious rodent problem in the Ryder Street area over the last 5 years. She reported a pest control company treats her property and she expressed concern in various conditions in the neighborhood that may be contributing to rodent activity. Ms. Azar reported she is afraid chicken/hen food will attract more rodents.

Board Member Kohlberg inquired if Ms. Azar's primary concern is that the presence of coop will increase the rodent activity due to the food source. Additional discussions took place regarding how to rodent proof a hen house/coop. Ms. Weber reported she has lived in the neighborhood for 2 months, and is not concerned that the hens will increase rodent activity on her property, or throughout the

neighborhood.

Peter Maradionos stated he is a neighbor on Beck Road and discussed concerns about local businesses not related to the keeping of hens permit application. He reported Muzzioli Landscaping washes trucks and equipment regularly with no sand or oil separator being used in their business. He stated he has called the Health Department multiple times regarding this practice. He reported he has also contacted the EPA. Mr. Maradionos reported that Capone Carpet Cleaning empties the contents of their commercial truck into the street as well, and nobody has done anything. He reported he has no opposition to the keeping of hens at the applicants property but is concerned about these other matters.

Natasha Waden, Public Health Director, stated the department is aware of concerns regarding practices at Capone Carpet Cleaning and Muzzioli Landscaping. She reported the complaints that have been received have come in "anonymously" and no contact information was left for follow-up.

At the request of Dr. Walsh-Condon, Mr. Maradionos agreed to formally submit his concerns in writing to the Health Department for review and investigation.

Resident Erica Breen reported she lives on Forest Street and is concerned about rodents. She would like to have the root cause of the rodent situation addressed.

Director Natasha Waden stated that due to the newly obtained information regarding increased rodent activity in the Ryder Street area, she recommends an on-site assessment of both the applicant and Ms. Azar's property be conducted by the Health Department prior to the issuance of a permit to keep hens. Additionally, Waden stated the department would follow-up with Mr. Maradionos on his concerns and former complaints about Capone Carpet Cleaning and Muzzioli Landscaping upon review of the file. Waden stated she would contact him directly within the next few days to discuss these matters.

A motion to Continue was made by Kevin Fallon, and seconded by Kenneth Kohlberg, to table the vote for the keeping of hen application until an investigation is completed regarding rodent activity in the area of the applicant, and to determine if food source for hens would increase rodent activity. Also upon completion of Hen Keeping Course by the Applicant.

Vote: 3-0 in favor of the Motion (Unanimous)

3. CORRESPONDENCE RECEIVED:

Fletcher Tilton

Inspector Martin provided the Board with a correspondence received from Fletcher Tilton, Attorneys at Law, who represents the Coalition for Responsible Retailing representing Tobacco Retailers. The letter stated they are suing the City of Somerville, MA regarding their ban on the sale of menthol, mint and wintergreen tobacco products.

Inspector Martin stated he has reached out to DJ Wilson of MMA who is monitoring the status of this situation closely. Inspector Martin was informed that eleven communities in Massachusetts have passed similar bans on flavored tobacco and nicotine products.

Director Waden stated there is an on-going push at the state level to ban all flavored tobacco and nicotine products including menthol.

Board Member Kenneth Kohlberg stated the Board might benefit guidance from Town Counsel.

4. UPDATES:

Environmental

Inspector Sullivan reported there are 2 cases with the Attorney General's Abandoned Housing Initiative. 1530 Massachusetts Avenue has been resolved for the time being, leaving only 1 open case at 44 Rublee Street.

Inspector Sullivan also reported a Homelessness Task Force has been established and the first meeting will be held in July. She stated the Task Force consists of a mix of community members and town employees including staff from the Planning Department, Health Department, Recreation Department, and Police Department.

5. UPDATES:

Restaurant

Inspector Martin informed the Board that he reached out to owner of Tesse regarding the sale of CBD Products. The owner did not respond. MDPH has come out with the position that CBD is not approved as a food additive, and cannot be used in food products.

Inspector Martin also informed the Board:

- There are no new food establishment openings
- The Farmers' Market is up and running
- The Beer Garden at Whittemore Park opened a few weeks ago

6. UPDATES:

Public Health Nurse

Director Waden informed the Board that the Eastern Mass Middlesex Mosquito Project begun treating catch basins to limit mosquito breeding. The first application took place in late May to early June, and the second application is scheduled in July.

The Board would like to expand the efforts to also look at tick borne illnesses.

Director Waden informed the Board that two new Public Health Associates will be working with Health Department. The Department is happy to welcome Katie Stanislawzyk, a rising senior at Simmons College who began working in early June. Aidan Ball is a Co-op student from Northeastern who will join the Department in July.

Meeting Adjourned: 6:34 pm



Town of Arlington, Massachusetts

Acceptance of Meeting Minutes from August 14, 2019

ATTACHMENTS:

	Type	File Name	Description
▯	Reference Material	2019_8_14_MinutesMeeting.pdf	8-14-2019 Meeting Minutes



Board of Health Minutes

Date: August 14, 2019

Time: 5:30 PM

Location: Ground Floor Conference Room

Attendance: Dr. Marie Walsh Condon, Mr. Kenneth Kohlberg

Absent: Dr. Kevin Fallon

1. HEARING:

Keeping of Hens - 14 Ryder Street

Inspector Pat Martin informed the Board that the Health Department conducted inspections at six residential properties in the Beck Road/Ryder Street Neighborhood. Rat burrows were noted on 2 of the 6 properties inspected, and runways were noted on 2 as well. Inspections took place at the applicant's property at 14 Ryder Street, and it was reported that in July Inspector Sullivan found evidence of rodent pathways. Several recommendations were made including removal of a bird feeder, control overgrowth in one area of the yard, and removal of a large dirt pile related to construction of a shed. Inspector Sullivan reported that at an inspection earlier today, Wednesday 8/14/19, rat droppings and burrows were also observed in and around the dirt pile.

Applicant Nicole Weber reported to the Board that the pile of dirt was removed today during the afternoon after speaking with Inspector Sullivan. The Health Department will reinspect to confirm no new burrows since removal of the dirt pile.

Inspector Martin stated a visual inspection from the Bike Path indicated businesses and other properties did not have any obvious signs of rodent activity.

Resident Kristin Azar expressed continued concern that the hens will attract additional rodent problems in her neighborhood and is opposed to the issuance of a permit.

Resident Peter Maradianos, stated he has no rodent activity on his property, and has no opposition to approval of the hen permit. He raised concerns once again regarding unrelated business practices in the area.

Resident Erika Boiu inquired about the manner in which inspections will be conducted, and at which properties inspections will take place.

Inspector Martin informed the Board that as requested, the Applicant Nicole Weber has taken and

successfully completed an on-line course regarding keeping of hens.

Inspector Sullivan informed the Board that if the Applicant adheres strictly to the by-law and follows all requirements, there should be no additional risk related to rodent activity in the neighborhood due to the hens.

The applicant was informed that if the permit is approved, it would be based upon the condition that the hens do not contribute to rodent activity in the area. The coop will be inspected once hens are on the property to determine any effect the hens have on rodent activity.

A motion to Approve w/ Conditions was made by Marie Walsh Condon, and seconded by Kenneth Kohlberg, to approve a temporary permit to keep hens at 14 Ryder Street for a period of 3 months. Final approval will be contingent upon final recommendation from the Health Department that rodent activity has not increased due to the keeping of hens.

Vote: 2-0 in favor of the motion (Unanimous)

2. DISCUSSION:

CBD Regulation

Inspector Martin presented the Board with Draft Cannabidiol (CBD) Regulations from the Massachusetts Municipal Association (MMA) for their review. It was reported that the Health Department has received several inquiries from businesses regarding regulations to sell CBD products. Board Member Kohlberg requested additional information to determine if any/other communities have enacted Regulations. Inspector Martin stated the Department will have on-going discussions with D.J. Wilson, and will keep the Board updated.

Meeting adjourned at 6:10



Town of Arlington, Massachusetts

Taipei-Tokyo Sushi Variance

ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Taipei-Tokyo_Variance_Request.pdf	Taipei-Tokyo



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Health Members
From: Kylee Sullivan, Health Compliance Officer
Date: October 17, 2019
RE: Taipei- Tokyo (434 Massachusetts Avenue) – Variance Request

Taipei-Tokyo has applied for a variance in accordance with Food Code 3-502.11. The establishment intends to use acidification, through the use of a vinegar solution, to render cooked rice a non-time/temperature control for safety (non-TCS) food. The variance request was accompanied by the required Hazard Analysis and Critical Control Points (HACCP) plan, which follows for your review. A rice sample has been validated by a local food testing laboratory with a pH of 4.03, less than the target of 4.1.

October 15, 2019

Arlington Health Department
Health and Human Services
Board of Health
27 Maple St.
Arlington, MA 02476

To Whom It May Concern:

Taipei and Tokyo located at 434 Massachusetts Avenue, Arlington, is requesting a variance for the exemption of using acidification to make cooked rice a non-potentially hazardous food. The sushi rice contains vinegar as a means of food preservation in addition to flavor enhancement.

The facility has a HACCP plan containing the following information:

SOP for pH measurement
Recipe / Formulation
Preparation Steps
Hazard Analysis
CCP Identification
Critical Limit Identification
Monitoring Procedures
Corrective actions and Documentation Procedures
Verification (Short Term / Long Term) Procedures
Records to be maintained
Documented Employee Training Plan

A pH log will be maintained for pH results of each batch of sushi rice.

The plan is maintained at the facility and will be made available for your review.
Records shall be retained for a minimum of 30 days.

The plan was prepared by Foods Research Laboratories, Inc. and includes training on the principles, implementation, and maintenance requirements of this HACCP plan.

Please contact me if you require further information.

Sincerely,



Andy Lian
Owner

TAIPEI & TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

**HACCP PLAN FOR USING ACIDIFICATION TO MAKE COOKED RICE A
NON-POTENTIALLY HAZARDOUS FOOD**

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(Narrative Form)**

Page 7 – HACCP MASTER SHEET SUMMARY (Table Form)

Page 8 – Standard Operating Procedure for pH Measurement via pH test paper

Page 9/ 10 - pH Log (master sheet & sample sheet)

Page 11- Summary of Employee Training Elements for the Production of Sushi Rice

Page 12 / 13 - Employee Training Log (master sheet & signed sheets)

Page 14 - Laboratory Results

Supplement – Guidelines for the Safe Preparation of Sushi

TAIPEI & TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

INTRODUCTION

ISSUE: Using Acidification to Make Cooked Rice a Non-Potentially Hazardous Food

PURPOSE: As per MA Food Protection Program Policies, Procedures, and Guidelines No: RF3-3, any food establishment which acidifies rice in order to render it a non-potentially hazardous food, must obtain a variance from the board of health (BOH).
A request for such a variance must be accompanied by a HACCP plan.

WHAT IS HACCP? HACCP, or Hazard Analysis Critical Control Point system, is a process control system that identifies where hazards might occur in the food production process and puts into place stringent actions to take to prevent the hazards from occurring. HACCP is divided into two sections. The first, HA, is the hazard analysis, which identifies where, in the food production process, things can go wrong and how they can go wrong, resulting in unsafe food. The second section of the plan, CCP, establishes food safety limits and monitoring and verification procedures to make sure the established limits are not exceeded. These procedures are documented.

A **Critical Control Point (CCP)** is a point or procedure in a specific food system where loss of control may result in an unacceptable risk to the consumer.

A **Critical Limit (CL)** is the maximum or minimum value to which a physical, biological, or chemical parameter must be controlled at a CCP to minimize the risk that the identified food safety hazard may occur.

PUBLIC HEALTH RATIONALE: As per FCC No. RF3-3, a HACCP plan is necessary when acidification of food is a food process. Cooked Rice is a Potentially Hazardous Food (PHF). If the pH of the rice is not brought down below 4.6, it may be able to support the growth of pathogens (illness causing bacteria) when stored at room temperature.

HAZARD ANALYSIS OF THE ACIDIFICATION OF RICE PROCESS

Cooked rice maintained in the temperature danger zone (41- 140°F) is susceptible to the outgrowth of spore-forming bacteria such as *Bacillus cereus*. The production of sushi requires the rice to be able to be formed. Cold rice is difficult to form. Because the functionality of sushi rice requires its use at room temperature, the rice must be acidified to a pH value below 4.6 to inhibit the growth of these spore-forming bacteria. This HACCP plan addresses proper acidification of rice for room temperature storage and use.

TAPEI AND TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

I, Andy Lian, in the position of owner, initially present and implement this
**HACCP PLAN USING ACIDIFICATION TO MAKE COOKED RICE
A NON-POTENTIALLY HAZARDOUS FOOD.**

SIGNATURE: _____

DATE: _____

REVIEW / REVISION TO PROGRAM <i>(summarize change below)</i>	SIGNED BY:	DATE

This sheet must be signed and dated by the owner / PIC after any reassessment or change to the program or a minimum of once per year signifying an annual reassessment. (10-08-19).

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SUMMARY OF PROCEDURES FOR THE ACIDIFICATION OF COOKED RICE

- EQUIPMENT REQUIRED:**
- * Measuring containers (with pint / quart dilineations)
 - * Plastic storage container (with lid) for storage of vinegar Mixture
 - * Scale (to weigh nori)
 - * Rice cooker
 - * Shallow container (≤ 4 inches) to transfer cooked rice from cooker
 - * Large spoon or paddle
 - * Stainless steel rice warmer to store acidified rice

VINEGAR MIXTURE

- INGREDIENTS REQUIRED:**
- * 7 quarts of rice flavored vinegar ++
 - * 1 qt. sweet wine
 - * 1 pint table salt
 - * 5 qt. granulated sugar
 - * 7-8 slices of lemon (with peel)
 - * 4 oz. nori (dried seaweed)

++**NOTE:** *The vinegar currently used is Mizkan Shiragiku Rice Flavored Distilled Vinegar* Ingredients: Distilled vinegar (Made from alcohol with rice and sake cake extract) and salt. Diluted with water to 4.5% acidity (45 grain). Gluten Free.

VINEGAR MIXTURE PROCEDURE: The above listed ingredients are combined in a large storage container. The mixture is stored (covered) under refrigeration and sub sampled, as needed to acidify rice.

- COOKED RICE INGREDIENTS:**
- * 6 quarts dry rice
 - * 6 quarts water

COOKED RICE PROCEDURE: Dry rice is measured and washed with cold water until the water runs clear. The washed rice is transferred into the rice cooker. The water is added to the rice cooker. The cooking process takes approximately 45 minutes. This represents ONE BATCH of cooked rice.

ACIDIFICATION PROCEDURE: The cooked rice is transferred to a shallow container (less than 4 inches deep) to promote rapid cooling and allow for uniform acidification of the rice.

40 FL. OZ. OF VINEGAR MIXTURE IS ADDED TO 1 BATCH OF COOKED RICE.

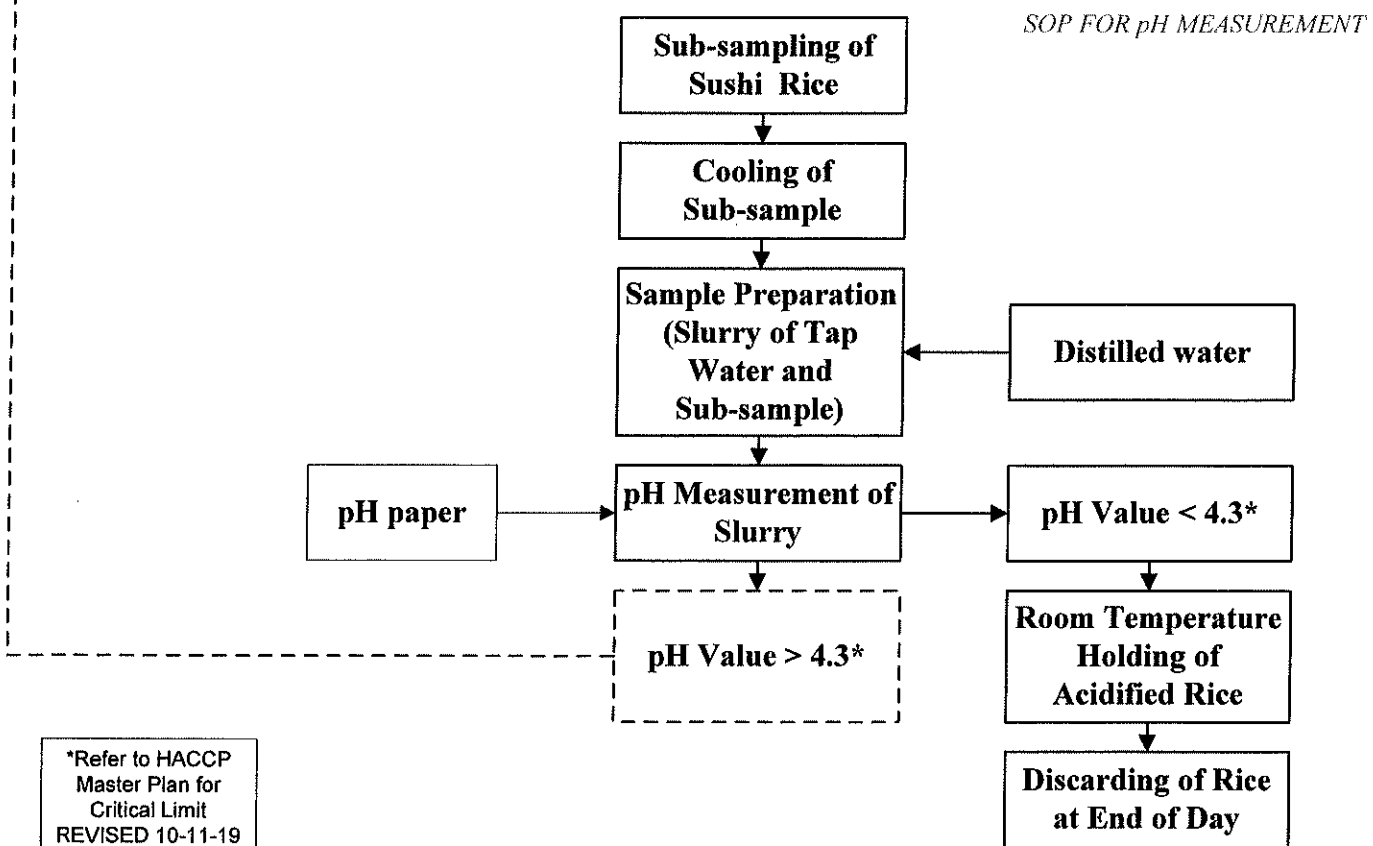
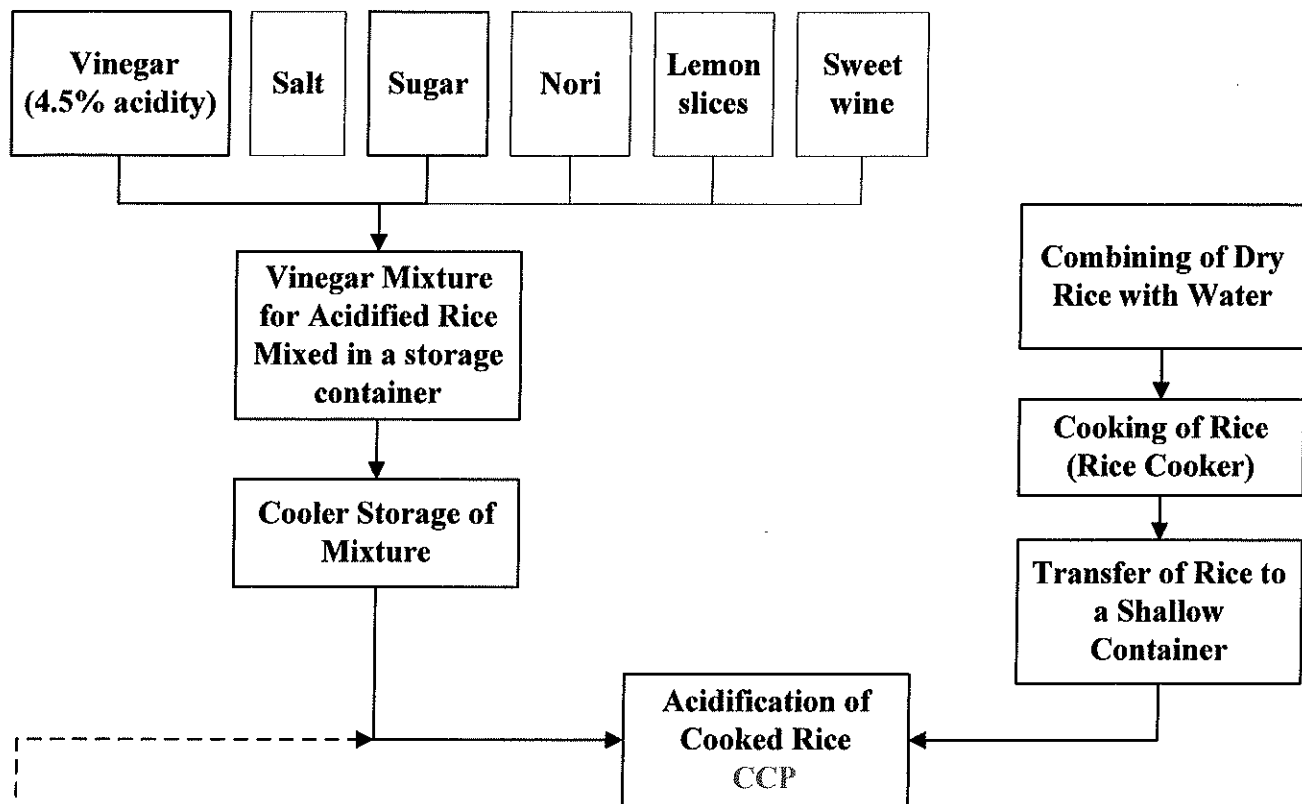
A large spoon or paddle is used to distribute the vinegar mixture. A subsample of the acidified rice is taken for pH measurement as per the *Standard Operating Procedure for pH Measurement*.

If the pH value is acceptable, the acidified rice is transferred to the rice warmer for use at the sushi station. The rice is maintained in the warmer and unused rice is discarded at the end of the day.

NOTE: The pH is to be measured within one hour according to established procedures.

(See: HACCP Master Plan, Standard Operating Procedures for pH Measurement of Sushi Rice, Summary of Training Elements for the Production of Sushi Rice). (7-19-19)

FLOW DIAGRAM OF THE ACIDIFICATION OF COOKED RICE



HACCP PLAN MASTER SHEET FOR THE ACIDIFICATION OF COOKED RICE

CRITICAL CONTROL POINT: The acidification of the cooked rice has been identified as the critical control point (CCP).

HAZARD CONTROLLED: Proper acidification of cooked rice inhibits the growth of spore-forming bacteria, including *Bacillus cereus*, which may survive the rice cooking process. The survival and outgrowth of illness-causing bacteria (pathogens) is a biological hazard.

CRITICAL LIMIT (CL): A pH value of acidified rice of less than 4.6 is required. However, the MA Food Protection Evaluation Tool for Acidified Rice HACCP plans requires that the pH of acidified rice shall not exceed 4.3 if tested within 2 hours of preparation, or 4.6 if tested after 2 hours of preparation.

MONITORING PROCEDURES:

What is being measured? Acidified rice

How is it being measured? The acidified rice is measured using pH test paper. (Refer to *Standard Operating Procedure for pH Measurement* for procedures.) The pH paper currently being used is pHydrion Microfine 2.8 to 4.6 range (Scale: 0.3 increments)

Frequency: Each batch of rice is measured prior to initial use.

Who will perform the measurement? The sushi chef or an employee designated by the PIC shall measure the pH of the acidified rice samples.

NOTE: Acidified rice shall not be used until the pH testing is performed and the critical limit is met.

CORRECTIVE ACTIONS: HACCP is considered to be a preventive food safety system. When the critical limit is met, the risk to the consumer is minimized to an acceptable level. If the critical limit is not met:

1. Discard rice if not made within one hour.
2. If rice is made within the hour, cool immediately or add additional vinegar mixture, re-mix and retest pH to ensure critical limit is met.

To prevent recurrence of a critical limit deviation, verify that the correct amount of vinegar mixture is being added to one batch of cooked rice. Verify that the cooked rice batch size has not changed. Verify that the pH paper is being used properly and is acceptable condition.

RECORDS: The acidified rice pH measurement and any corrective actions are recorded on the pH log. The pH log shall be maintained for a minimum of 30 days. A signed HACCP plan and current laboratory results shall also be maintained and available for inspection.

VERIFICATION: HACCP verification procedures are procedures beyond monitoring that are established to ensure that the HACCP plan is being executed as designed and is effective in preventing an unacceptable level of risk to the consumer. (Refer to HACCP Verification Procedures).

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HACCP PLAN MASTER SHEET FOR THE ACIDIFICATION OF COOKED RICE

VERIFICATION PROCEDURES:

1. RECORD REVIEW: To ensure that the records are complete and accurate and that the critical limit has been met, the records (pH log) are to be reviewed daily or as needed by a PIC. This record review shall be documented by completing the last column of the pH log, which is designated for record review. The date and initials of the reviewer with a comment ("OK", "Acceptable") for the records reviewed signifies completion of the record review.

2. RECIPE VALIDATION: MA FCC No. RF 3-3 requires that the acidified rice recipe must be validated by a food laboratory to show that it results in the recipe has a target pH of 4.1. Lab validation must be updated annually or when the recipe is modified. Additional validation may be required when the daily pH levels are consistently higher than the laboratory validated pH measurement. These laboratory test results shall be maintained on file for one year.

3. HACCP REASSESSMENT: The HACCP plan must be reviewed a minimum of annually to ensure that the plan is accurate and is being executed properly. The HACCP cover page shall be signed and dated at least annually or after any modification to the plan.

(10-08-19)

Using Acidification to Make Cooked Rice a Non-Potentially Hazardous Food

Critical Control Point	Hazard Controlled	Critical Limit(s)	Monitoring	Corrective Action	Records	Verification
PRODUCTION OF SUSHI RICE (Acidification to exempt rice as a PHF using a validated recipe)	Growth of Pathogens (spore-formers including <i>Bacillus cereus</i>)	pH value of finished sushi rice < 4.3 @ 25°C if measured within 2 hours < 4.6 if tested after 2 hours of preparation Recipe validated at a targeted pH ≤ 4.1.	<u>What</u> – sushi rice <u>How</u> – pH paper as per Standard Operating Procedures for pH measurement <u>Frequency</u> – each batch <u>Who</u> – sushi chef or designated employee	For rice made within 2 hours, if pH value is greater than 4.3 and less than 4.6, add more vinegar until a value below 4.3 is achieved - Record new value For rice with a pH value > 4.6, if made greater than one hour from measurement, discard rice. To prevent recurrence: Verify use of correct recipe. Verify proper use of pH paper. Verify adherence to SOP for pH measurement via pH paper.	pH log Corrective Action to be recorded on pH Log Records shall be maintained for 30 Days	1. Record Review by PIC performed daily. 2. pH of rice tested by a food laboratory annually or when daily pH levels are consistently higher than the laboratory validated pH measurement or when recipe is modified 4. HACCP plan reviewed a minimum of annually or as needed by PIC (Signed and dated by PIC upon review)

STANDARD OPERATING PROCEDURE FOR pH MEASUREMENT

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This procedure shall be used for measuring the pH of acidified rice (sushi rice). This page shall be used as a training procedure.

pH MEASUREMENT OF SAMPLE using pH test paper

Brand: *pHydrion Microfine 2.8 to 4.6 (Micro Essential Laboratory, Brooklyn, NY)*

Scale: *0.3 increments*

1. Measure the acidity (pH) of your sushi rice within 30 minutes after acidification (mixing the cooked rice and vinegar solution).
2. Make a rice slurry by mixing 20 ml of distilled water with 100 grams of cooked rice. Stir the slurry.
3. Wearing a disposable dry glove, tear off a strip of test paper, approximately 1 inch long.
4. Angle the slurry container to pool the slurry liquid. Dip the test strip into the liquid for a minimum of 10 seconds or until color stabilizes.
5. Compare the color of the test strip to color chart. The reading should not exceed 4.3.
6. Record the pH on the pH log.

NOTE: Make sure to store the test paper in its original packaging when not in use. Keep test paper dry.

REVISED 10-08-19

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ARLINGTON, MA 02474

The pH paper is used according to established procedures and at a frequency established in the HACCP Master Plan. Follow the *Standard Operating Procedure for pH Measurement*

NOTES:

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ARLINGTON, MA 02474

Acidified Rice pH Log

The pH paper is used according to established procedures and at a frequency established in the HACCP Master Plan. Follow the *Standard Operating Procedure for pH Measurement*

Date	Time	pH of Sushi Rice	Corrective Action (if required)	Initials of person taking pH	PIC Daily <u>Record Review</u> (Verification)
					Date / Initials

NOTES:

SUMMARY OF EMPLOYEE TRAINING ELEMENTS
FOR THE PRODUCTION OF SUSHI RICE

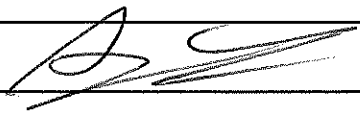
1. All employees involved in the production of sushi rice shall be trained in proper personal hygiene including:
 - proper hand-washing (procedures and frequency)
 - proper hair restraints, clothing (uniform and/or use of apron)
 - removal of jewelry during production
 - proper use of gloves and no bare hand contact of ready-to-eat products
2. All employees involved in the production of sushi rice shall be informed of their responsibility to report to the PIC when they are experiencing symptoms such as nausea, vomiting, diarrhea, fever, sores, or any other symptoms that may affect the safety of food.
3. All employees involved in the production of sushi rice shall be trained in the proper use of applicable food contact surfaces including:
 - proper cleaning and sanitizing procedures
 - proper storage procedures of equipment / ingredients
 - proper handling procedures of equipment / ingredients
 - proper procedures for preventing cross-contamination
 - proper use and storage of wiping cloths
4. All employees involved in the production of sushi rice shall be trained on the elements of the ***HACCP Plan for the Production of Sushi Rice*** including:
 - proper cooking procedures
 - proper formulation of sushi vinegar mixture
 - proper acidification of sushi rice through cooked rice to vinegar mixture ratio control and mixture distribution
 - proper sub-sampling procedures of sushi rice for pH measurement
 - proper preparation of sushi rice for pH measurement
 - proper storage and use of sushi rice
 - proper shelf-life of sushi rice
5. All employees involved in the production of sushi rice shall be trained on the ***Standard Operating Procedure for pH Measurement*** including:
 - proper pH measurement of sample
 - proper handling procedures of pH paper
 - proper storage procedures pH paper
 - current HACCP critical limits established in the plan
 - current HACCP monitoring frequency established in the plan
 - proper HACCP corrective actions when a deviation for a critical limit occurs
 - proper HACCP verification procedures / frequency
 - proper retention of records for 30 days

TAIPEI & TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

EMPLOYEE TRAINING LOG

The employees listed below have been properly trained in correct procedures for the
production of sushi rice as per the

***SUMMARY OF EMPLOYEE TRAINING ELEMENTS
FOR THE PRODUCTION OF SUSHI RICE***

<i>EMPLOYEES NAME</i>	<i>EMPLOYEE SIGNATURE</i>	<i>TRAINING DATE</i>
ANDY LAM		12/15/19

This sheet must be signed and dated by the employee upon completion of training.

TAIPEI & TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

EMPLOYEE TRAINING LOG

The employees listed below have been properly trained in correct procedures for the
production of sushi rice as per the

***SUMMARY OF EMPLOYEE TRAINING ELEMENTS
FOR THE PRODUCTION OF SUSHI RICE***

<i>EMPLOYEES NAME</i>	<i>EMPLOYEE SIGNATURE</i>	<i>TRAINING DATE</i>

This sheet must be signed and dated by the employee upon completion of training.

Foods Research



LABORATORIES, INC.

(617) 442-3322
(617) 427-3322
FAX (617) 442-2013

130 NEWMARKET SQUARE - BOSTON, MA 02118

Report Date: October 10, 2019

Lab Code: 19282-12

Date Submitted: 10-09-19

Taipei & Tokyo
434 Massachusetts Avenue
Arlington, MA 02474

SUBJECT: Equilibrium pH Analysis of Sushi Rice (white)
Validation / verification of established recipe

RESULTS

pH (@ 25°C): 4.03

METHODS: 21CFR114.90
A.O.A.C., 17th edition, 2000.

Respectfully submitted,

afg
Andrea J. Fontaine
Laboratory Director

Over 50 Years--Dedicated to Quality and Service

TAPEI & TOKYO
434 MASSACHUSETTS AVE.
ARLINGTON, MA 02474

SUPPLEMENT (NOT PART OF HACCP PLAN)

GUIDELINES FOR THE SAFE PREPARATION OF SUSHI

1. The HACCP Plan for the production of Sushi Rice shall be followed. (see HACCP plan including Training Elements for the Production of Sushi Rice). Proper records shall be maintained for a minimum of thirty days.
2. All food shall be obtained from an identifiable, approved source. All seafood shall come from a source that operates under a HACCP plan.
3. Documentation from fish supplier shall be on file regarding proper freezing of parasitic species of fish. FDA requires that fish be frozen at -4°C for 7 days or at -35°C until solid and stored at -31°F for 15 hours or -4°F for 24 hours in order to ensure parasitic destruction. (True World Letters provided. Farm-raised species are identified.)
4. Proper temperature control of fish and potentially hazardous ingredients during receipt and storage shall be maintained. All potentially hazardous foods shall be received at or below 41°F . Refrigeration units shall operate to ensure food can be maintained at or below 41°F . Frozen products shall be thawed under refrigeration at or below 41°F .
5. All sushi and related ingredients shall be properly handled as per the "No bare hand contact with ready-to-eat foods" policy established in the Food Code. Sushi chefs shall employ the use of gloves.
6. Cross-contamination shall be prevented through separation of raw and cooked ingredients, cleaning and sanitizing of equipment and utensils between uses, and the proper covering of the bamboo mat. Plastic wrap should be changed at least every four hours or after use on raw fish if the mat is to be used again on cooked product. Ideally, a separate set-up (bamboo mat, knife and cutting board) is suggested for raw versus cooked sushi.
7. Each ingredient should be kept in a separate container and held at proper temperatures. Additionally, ensure that all ingredients and utensils are properly stored in designated locations and protected during storage.
8. Consumer Advisory statements required as per the Food Code 3-603.11 shall be properly posted to advise the consumer of increased risk of foodborne illness due to the consumption of raw fish.
9. A PIC (Person-in-Charge) shall be present during all hours of operation during which sushi is produced.

REVISED: 10-08-19



Town of Arlington, Massachusetts

Correspondence Received

ATTACHMENTS:

	Type	File Name	Description
▯	Reference Material	20191018102616842.pdf	Correspondence Received

From: "Natasha Waden" <NWaden@town.arlington.ma.us>
To: "Padraig Martin" <PMartin@town.arlington.ma.us>
Date: 10/18/2019 10:08 AM
Subject: Fwd: Update on FDA and the President

Natasha Waden, RS
Public Health Director
Town of Arlington
27 Maple Street
Arlington, MA 02476
(781) 316-3170

www.arlingtonma.gov/health

From: "Christine Bongiorno" <CBongiorno@town.arlington.ma.us>
To: <nwaden@town.arlington.ma.us>
Date: Sun, 15 Sep 2019 21:41:04 -0400
Subject: Fwd: Update on FDA and the President

Sent from my iPhone

Begin forwarded message:

From: "Hartman, Lester" <Lester.Hartman@childrens.harvard.edu>
Date: September 15, 2019 at 9:16:34 PM EDT
To: "cbongiorno@town.arlington.ma.us" <cbongiorno@town.arlington.ma.us>
Subject: Update on FDA and the President

Dear Ms B ,

Harwich last week just became our 14th town to ban or restrict mint and menthol to vape shop, Attached is our updates packet. Cambridge is strongly considering. I hope I can meet with your board of Health. Bills H1902 and S1279 are key to regulating tobacco flavors and we need more towns aboard. In December I will be speaking at Arlington Hi School to teens and maybe parents the next night.

Regards,

Lester J. Hartman, MD MPH FAAP

Westwood-Mansfield Pediatric Associates

781-326-7700 | lester.hartman@childrens.harvard.edu | www.wmpeds.com

"Proactive in your child's care. Empowering families for over 60 years."

[@DrHartmanWMPEDS](#) | #Tobacco21 | #DontBeAJuulFuul | #FlavorsHookKids

From: Hartman, Lester
Sent: Sunday, September 15, 2019 3:19 PM
To: Amy Donovan-Palmer
Subject: Update on FDA and the President

Hello,

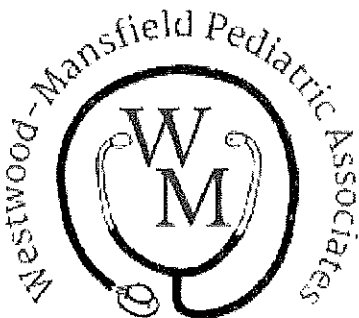
Please send to your BOH. Are there any decisions made?

From: Westwood-Mansfield Pediatric Associates <rsvp@wmpeds.com>

Sent: Saturday, September 14, 2019 5:24 PM

To: Hartman, Lester

Subject: JUUL, The FDA, and The President [EXTERNAL] [Bulk]



JUUL May Rise Again

Dear Westwood-Mansfield Pediatrics Families,

We have finally seen our Federal Government take a small but potentially significant step towards saving our children from nicotine addiction. As you may have seen earlier this week, the President and the Secretary of Health and Human Services announced plans for the **temporary** removal of flavored e-cigarettes and nicotine pods from the market. However, this is not a "ban" as was cited by the President.

In the proposed plan, JUUL and other vaping companies will be able to **submit their own safety data** for potential approval by the FDA to re-enter the market starting in May 2020. Additionally, the plan made no mention of a ban on mint and menthol combustible tobacco products. Prior to the meteoric rise of vaping and JUULing flavored cigarillos (little cigars) were very popularly used among our young people. Cigarillos are inhaled just like cigarettes, however, because they're heavier and longer than cigarettes they are sold as cigars. This legal distinction has enabled Big Tobacco to continue to sell flavored cigarillos skirting the 2009 FDA Ban on Candied Cigarettes. **(Pictures of cigarillos can be found at the bottom of this email)**

Mass House Bill 1902 and Senate Bill 1279 will **permanently** remove all other flavored tobacco/vape products (including mint and menthol) sold in stores. This will

drastically reduce our kid's exposure to these products in convenience stores.

What you can do:

We also ask that you support two bills that are currently in our State House; House Bill H.1902 and Senate Bill S.1279. These bills aim to protect our vulnerable children by regulating flavored tobacco products, something our Federal FDA has failed to do.

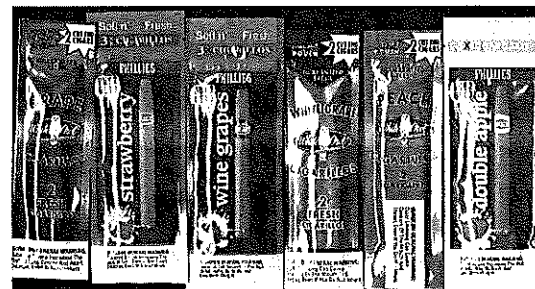
Find who your State Legislators are [HERE](#) and **WRITE THEM** to let them know you support the above-mentioned bills!

Additionally, please continue to **BOYCOTT CUMBERLAND FARMS** until they drop their suits against towns including Norwood, Sharon, and Walpole.

Have a happy and healthy start to the school year!

All of Us at Westwood-Mansfield Pediatric Associates

"Proactive in your child's care. Empowering families for over 65 years."



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You are receiving this email because you opted in at our website

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Westwood-Mansfield Pediatric Associates
541 High St, Westwood, MA, United States
Westwood, MA 02090

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This email was sent to lester.hartman@childrens.harvard.edu

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Westwood-Mansfield Pediatric Associates · 541 High St, Westwood, MA, United States · Westwood, MA 02090 · USA

Flavors Hook Kids

Mint and Menthol, too!

Dear Representative,

RE: Will You Help Fight Teen Vaping? H.1902 An Act regulating flavored tobacco products does just that.

We are a team of four, including; two practicing pediatricians with over 50 years of experience in the community taking care of children - one a Harvard professor, a Northeastern Law professor and a dedicated anti-tobacco advocate MA citizen. In conjunction with our successful advocacy around raising the tobacco sales age to 21, we have been visiting communities across Massachusetts to ensure that local regulations **protect children** from flavored tobacco products. So far, 160 cities and towns have enacted flavored tobacco bans - covering over 65% of the Massachusetts population. This essential bill will level the playing field for communities and businesses alike and bring these lifesaving protections to every Massachusetts community.

We are volunteers, funded by no one and only motivated to improve the health of children and adults in the Commonwealth. Our primary goal is to ensure that Big Tobacco's profits and shareholder interests do not get in the way of common-sense legislation that protects children and families. Formerly a national leader in tobacco control efforts, our Commonwealth has now become the **8th worst state in the United States** in terms of teen vaping, with kids initiating as young as 5th grade and adolescents vaping JUUL at 16 times the rate of adults over the age of 25.

We ask you to support both H.1902 and S.1279 and review the peer-reviewed research we have summarized, detailing the targeted marketing of flavored tobacco products to vulnerable populations and the health effects of e-cigarettes and other tobacco products on the adolescent brain.

We have created the following packet of materials to support you and your staff's understanding of the Teen Vaping Epidemic.

Please do not hesitate to contact either Jonathan Winickoff, MD, MPH or Lester Hartman, MD, MPH with any questions about this life-saving legislation. We look forward to meeting with you personally in the coming months!

Dr. Winickoff's email: JWinickoff@mgh.harvard.edu
Dr. Hartman's email: Lester.Hartman@childrens.harvard.edu

Sincerely,

Jonathan Winickoff, MD, MPH
Lester Hartman, MD, MPH
Mark Gottlieb, JD
Patrick McKenna

Healthy Communities, Healthy Kids.

Flavors Hook Kids

Mint and Menthol, too!

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Dr. Winickoff's email: JWinickoff@mgh.harvard.edu
Dr. Hartman's email: Lester.Hartman@childrens.harvard.edu

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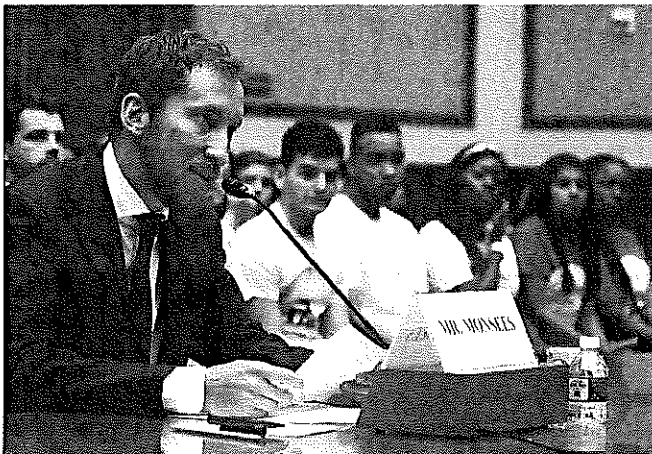
Jonathan Winickoff, MD, MPH
Lester Hartman, MD, MPH
Mark Gottlieb, JD
Patrick McKenna

Healthy Communities, Healthy Kids.

Flavors Hook Kids

Mint & Menthol, too!

Healthy Communities, Healthy Kids.



Monsees on Capitol Hill testifying to members of the House Economic and Consumer Policy Subcommittee.

"Currently, after we pulled all of our flavored products off the market voluntarily and now they're only available on our website with age verification, the top-selling product is the Mint Product shortly followed by Virginia Tobacco."

James Monsees is the co-founder and chief product officer of JUUL Labs.

Flavors Hook Kids

IT'S SIMPLE MATH:

By shutting down the flavors, we are protecting our children.

78% rise of adolescent electronic cigarette use in the past year.¹

This is a reversal of decades of progress in tobacco control. Unfortunately, Massachusetts is now the 8th worst state in the country in terms of high school use of electronic cigarettes. Kids who use electronic cigarettes are over three times more likely to transition to combusted tobacco. For the first time in recent years, the combusted tobacco use rate is increasing in adolescents.

Flavored cigarettes were banned by the Federal Government in 2009.²

The tobacco industry was able to exempt menthol flavoring and non-cigarette tobacco products through intense lobbying efforts.

The tobacco industry needs menthol and mint in their products to get the next generation hooked on tobacco.

That is why they are fighting so hard against it. Over half of adolescent smokers 12-17 years of age use menthol cigarettes.³ Menthol is extremely dangerous given its ability to invoke a deep inhalation and increase addiction.⁴

Nearly 95% of tobacco product users start before the age of 21.⁵

Over 85% of user say that flavors are the reason they started using tobacco products.

The level of nicotine in flavored JUUL products.

Has tested at three times the limit of what is legal in the UK and the European Union.⁶ Adolescents who use as little as half a pod are becoming addicted.

The FDA has not approved e-cigarettes as a cessation device.⁶

A recent NEJM article demonstrated that when adults try to quit smoking using e-cigarettes, 19% quit successfully but 80% of those who quit remain addicted to electronic cigarettes a year later. In that same study 10% of smokers quit using approved nicotine replacement medicine, but only 10% of them were still using the approved nicotine product one year later. FDA approved nicotine patch and gum was 2.5 times more effective than e-cigs at helping smokers get off all nicotine and tobacco products.

Historically, the tobacco industry.

Added mint and menthol flavor to help get Black smoking rates higher in the 1960's because they lagged behind the White smoking rate. In a nationally representative study, the majority of Whites want mint and menthol banned from tobacco products. However, an even larger majority of Blacks want mint and menthol banned than Whites.⁷

The Cost of Vaping

Heath: Asthma, anxiety, depression, mood disorders, brain changes that increase susceptibility to tobacco use and other drugs, the unknowns of carcinogens leading to future cancers, and nicotine and toxins causing lower fertility rates.

Economic: The pod a day adolescent spends 4 dollars per day = \$1,460/year (minimally) on their addiction. Where kids get that kind of money - some get a job to pay for it, stealing from parents and siblings, or dealing to support their addiction.

¹ FDA Proposes Regulations as Teen E-Cigarette Use Skyrockets 78% in 1 Year. American Cancer Society. November 21, 2018. <https://www.cancer.org/latest-news/fda-proposes-regulations-as-teen-e-cigarette-use-skyrockets-78-percent-in-1-year.html>.

² Products, Center For Tobacco. "Menthol and Other Flavors in Tobacco Products." U.S. Food and Drug Administration. <https://www.fda.gov/tobacco-products/products-ingredients-components/menthol-and-other-flavors-tobacco-products>.

³ United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA). Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2016. Analysis run on October 12, 2018. SAMHSA's public online data analysis system (PDAS). (Original Data Source: NSDUH 2016)

⁴ Nishino T, Tagalto Y, Sakurai Y. Nasal inhalation of 1-menthol reduces respiratory discomfort associated with loaded breathing. Am J Respir Crit Care Med. 1997;156(1):309-313.

⁵ Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi-Burza E, DiFranza JR. Minimal Retail Impact of Rising Tobacco Sales Age to 21. American Journal of Public Health. 2014. In Press.

⁶ A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. NEJM. A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy. February 14, 2019. <https://www.nejm.org/doi/10.1056/NEJMoa1808779>.

⁷ Menthol Smoking Patterns and Smoking Perceptions Among Youth: Findings From the Population Assessment of Tobacco and Health Study Cohort, Amy M. et al. American Journal of Preventive Medicine, Volume 56, Issue 4, e107 - e116

[https://www.ajpmonline.org/article/S0749-3793\(18\)32453-2/abstract](https://www.ajpmonline.org/article/S0749-3793(18)32453-2/abstract)

* The use of the title term "Flavors Hook Kids" is credited to the website: <https://www.flavorhookkids.org/>



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Professor of Pediatrics

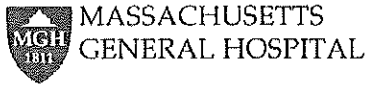
The Honorable, Joanne Comerford, Senate Chair
The Honorable John Mahoney, House Chair
Joint Committee on Public Health
State House, Room 130
Boston, MA 02133

Dear Chairs Comerford and Mahoney

I write in support of **House Bill 1902 and Senate Bill 1279 An Act Regulating Flavored Tobacco Products**. I am a pediatrician at Massachusetts General Hospital for Children in the Pediatric Group Practice and Professor of Pediatrics at Harvard Medical School. I'm honored to care for many children across the Commonwealth in my practice—most reside in Boston (Beacon Hill, Dorchester, Southie, East Boston, Jamaica Plain, Back Bay, Charlestown), Chelsea, Revere, Somerville, Cambridge, and Brookline. But I have patients from as far away as Belmont, Springfield, Lowell, Lawrence, Andover, Newburyport, and Quincy. My expertise and training includes neurobiology, statistics, behavioral theory, and tobacco control. My academic credentials in tobacco are summarized in a footnote at the end of this letter. I write in support of H.1902 and S.1279 which would have a profound benefit for the health of children and fellow residents across the Commonwealth.

All major health groups including the American Heart Association, American Cancer Society, American Lung Association, American Academy of Pediatrics, American Medical Association, Mass Medical Society, and The Tobacco Free Mass Coalition support banning flavored tobacco including mint and menthol. It is also supported by the Attorney General of Massachusetts, Maura Healey.

Eliminating sales of flavored tobacco is a necessary move at this critical time given the 78% rise of adolescent electronic cigarette use in the past year and the reversal of decades of progress in tobacco control. Unfortunately, Massachusetts is now the 8th worst state in the country in terms of high school use of electronic cigarettes. Every day in my clinical practice, I have patients who I've known for years coming in with nicotine addiction due to JUUL and other flavored e-cigarettes. We were down to single digits of tobacco use in Massachusetts. **Now every teenager I treat is either using JUUL or has friends who currently use.** Although 20% of high school students are current users of e-cigarettes (*YRBSS 2018 survey data*), the rate in higher socio-economic towns tends to be even higher because the kids have more money to spend on their pods. **Kids who use electronic cigarettes are over three times more likely to transition to combusted tobacco. For the first time in recent years, the combusted tobacco use rate is increasing in adolescents.** Those who graduate to combusted tobacco often use mint and menthol products because it acts as an anesthetic,



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Jonathan P. Winickoff, M.D., M.P.H.
Professor of Pediatrics

allowing the toxins to be inhaled more deeply so that kids can overcome their natural aversion to tobacco smoke.

Flavored cigarettes were banned by the Federal Government in 2009. The tobacco industry was able to exempt menthol flavoring and non-cigarette tobacco products through intense lobbying efforts. Menthol products have directly targeted African-American/black population through advertisements. **H.1902 and S.1279 closes this loophole.** The tobacco industry needs menthol and mint in their products to get the next generation hooked on tobacco. That is why they are fighting so hard against it. Over half of adolescent smokers 12-17 years of age use menthol cigarettes (references 1-3). Menthol is extremely dangerous given its ability to invoke a deep inhalation and increase addiction (4-10). Nearly 95% of tobacco product users start before the age of 21. Over 85% of user say that flavors are the reason they started using tobacco products. The use of e-cigarettes can cause anxiety, depression, mood disorders, asthma, impacts brain development, may cause cancer, and can alter the reward pathways of the brain to potentiate addiction to combusted tobacco and other drugs. (National Academy of Sciences, Surgeon General Report on E-cig, and NEJM)

Based on the Youth Risk Behavior Surveillance System Data, tens of thousands of kids are initiating tobacco use in our Commonwealth each year, the majority initiating with flavored e-cigarette products. Among adolescents who used e-cigarettes daily at some time in the past, 97% will still be using currently. Based on this data, from our own high schools, e-cigarettes appear to be more difficult to quit than traditional cigarettes. As one example, the level of nicotine in flavored JUUL products has tested at three times the limit of what is legal in the UK and the European Union. (Tobacco Control 2019, NEJM 2019) Adolescents who use as little as half a pod are becoming addicted.

By shutting down the flavors, this bill protects a large proportion of these kids. Nothing works 100% but each measure the legislature takes can be a piece of the solution. As we saw with raising the tobacco sales age to 21, kids are most sensitive to what is advertised and for sale in local retail stores. Even a single town's actions can have a big effect on tobacco use even when other surrounding neighbors take more time to act. When Needham became the first town to raise the age to 21, they saw a 47% reduction in teen tobacco use in their high school. Kids who are not addicted will typically not travel to purchase product—most don't even drive. Studies now show that over 60% of kids get their flavored tobacco products from retail stores or from older friends who get them from retail stores. It is this social sourcing from older friends who can buy from retail stores that makes the elimination of flavors from the retail environment so important. Flavored tobacco is simply too addictive and dangerous to be available in this environment. The MA DPH has run compliance checks over the past 4 years and the failure rate is abysmal across our state. It only takes a single store selling to known 18 or 19-year old high school seniors to supply product for an entire



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high school. You may hear from industry groups that MA retailers have a better compliance rate in some communities according to the FDA. FDA compliance checks are done with children from different areas, as young as 14 and a maximum age of 17. The MA DPH compliance checks use those who are 18-20 who are a better match for our state age of sale of 21. As part of H.1902 and S.1279, tobacco companies will not be able to sell flavored tobacco products online in MA.

In Massachusetts the rate of those who started to use e-Cigarettes as adolescents is at least 10 times higher than those who started as adults. (*NYTS and BRFSS 2018*) If it sounds like the kids are the targets for JUUL and other flavored tobacco, its because they are. Adults who are trying to quit tobacco have many evidence-based options for quitting tobacco use. FDA approved nicotine replacement gum and patch quadruple the chances of cessation. Other FDA approved medications when used in combination can achieve even higher cessation rates (*Treating Tobacco Use and Dependence Guideline 2008*) A recent NEJM article demonstrated that when adults try to quit smoking using e-cigarettes, 19% quit successfully but 80% of those who quit remain addicted to electronic cigarettes a year later. In that same study 10% of smokers quit using approved nicotine replacement medicine, but only 10% of them were still using the approved nicotine product one year later. **FDA approved nicotine patch and gum was 2.5 times more effective than e-cigs at helping smokers get off all nicotine and tobacco products.** The electronic cigarette is a dream come true for the tobacco industry because they are so addictive. **Most people who try to quit using eCigarettes end up using BOTH products,** generating two income streams for the tobacco companies. Partly because of the perpetuation of addiction and partly because of the unsafe nature of the products, the FDA has not approved e-cigarettes as a cessation device. As part of H.1902 and S.1279, adults who may want to try e-cigs as a last resort to get off of traditional cigarettes would still be able to buy tobacco flavored e-cigarettes. There is no evidence that tobacco flavor e-cigarettes wouldn't work for adults trying to get off combusted tobacco cigarettes—after all, smokers are already used to smoking tobacco. Luckily, kids who have never smoked tobacco find tobacco flavor repulsive. H.1902 and S.1279 does not ban e-cigarettes, it restricts them and all other tobacco products so that they cannot have the mint, menthol, and other flavors that appeal to kids.

Historically, the tobacco industry added mint and menthol flavor to help get Black smoking rates higher in the 1960's because they lagged behind the White smoking rate. In a nationally representative study, the majority of Whites want mint and menthol banned from tobacco products. However, an even larger majority of Blacks want mint and menthol banned than Whites. (AM J Prev Med)



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Professor of Pediatrics

My interest in H.1902 and S.1279 is strictly as a volunteer with the public health of Massachusetts and children at heart. I hope that this letter will help set the record straight on the benefits to Massachusetts of H.1902. Please feel free to call or text with any questions or if you would like to meet to discuss any scientific questions related to the bills please feel free to call my cell at 617-530-0575

Sincerely,

Jonathan P. Winickoff MD, MPH

Academic Credentials: In addition to over 100 peer-reviewed original research publications in tobacco, I've drafted tobacco control policy and served as a scientific advisor for the CDC Communities Putting Prevention to Work, Massachusetts Tobacco Control Program, Indiana Tobacco Control Program, Head Start, WIC, the Food and Drug Administration, Department of Housing and Urban Development, the National Academy of Medicine, and the U.S. Surgeon General through the Interagency Committee on Smoking and Health. I've received numerous awards including the HHS Secretary's Award for Distinguished Service for "protecting the health of the United States public," and the 2011 Academic Pediatric Association Health Policy Award for cumulative public policy and advocacy efforts that have improved the health and well-being of infants, children, and adolescents. I participated in research that helped support the creation of smokefree public housing in the city Boston, the state of Maine, and facilitated HUD's successful national effort to make all public housing buildings smokefree in 2018. Recently, in four research papers, I studied raising the tobacco sales age to 21 and co-founded a volunteer campaign to help communities raise the age to 21. As of April 2019, over 450 communities as well as NYC, Kansas City, Cleveland, and the states of Hawaii, California, Massachusetts, Oregon, New Jersey, Maine, Virginia, Washington, Illinois, Utah, and Arkansas have raised their age of sale to 21—covering over 40% of the United States population. Currently, I've been researching electronic nicotine delivery systems and volunteering with the Massachusetts Attorney General's Office and others across the country to combat the epidemic of JUULing and eCig use in youth.

References

1. United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA). Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2016. Analysis run on October 12, 2018. SAMHSA's public online data analysis system (PDAS). (Original Data Source: NSDUH 2016)
2. Substance Abuse and Mental Health Services Administration (SAMHSA). The NSDUH Report: Recent Trends in Menthol Cigarette Use. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality; 2011.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health, 2014. [Public Use Data File]. ICPSR36361-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-03-22.
4. Harris B. Menthol: A review of its thermoreceptor interactions and their therapeutic applications. *International Journal of Aromatherapy*. 2006;16(3-4):117-131.



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5. Galeotti N, Di Cesare Mannelli L, Mazzanti G, Bartolini A, Ghelardini C. Menthol: a natural analgesic compound.

Neuroscience letters. 2002;322(3):145-148.

6. Nishino T, Tagaito Y, Sakurai Y. Nasal inhalation of l-menthol reduces respiratory discomfort associated with loaded breathing. Am J Respir Crit Care Med. 1997;156(1):309-313.

7. Lawrence D, Cadman B, Hoffman AC. Sensory properties of menthol and smoking topography. Tob Induc Dis. 2011;9 Suppl 1(Suppl 1):S3.

8. Garten S, Falkner RV. Continual smoking of mentholated cigarettes may mask the early warning symptoms of respiratory disease. Preventive Medicine. 2003;37(4):291-296.

9. Stahre M, Okuyemi KS, Joseph AM, Fu SS. Racial/ethnic differences in menthol cigarette smoking, population quit ratios and utilization of evidence-based tobacco cessation treatments. Addiction. 2010;105 Suppl 1:75-83.

10. Levy DT, Blackman K, Tauras J, et al. Quit attempts and quit rates among menthol and nonmenthol smokers in the United States. Am J Public Health. 2011;101(7):1241-1247.

11. Hoffman AC, Miceli D. Menthol cigarettes and smoking cessation behavior. Tobacco Induced Diseases. 2011; 9(Suppl 1):S6: 1-5.

Additional references available upon request.

JUUL LAUNCH PARTY

*"No young person
or non-nicotine
user should ever
try (Juul)"*

Kevin Burns, JUUL Labs CEO

REALLY?!



Photo Credits Benjamin Lozovsky/BFA.com
from JUUL Launch Party | June 4, 2015

JUUL LAUNCH PARTY

"No young person
or non-nicotine
user should ever
try (Juul)"

Kevin Burns, JUUL Labs CEO

REALLY?!



Who are they targeting?



Photo Credits Benjamin Lozovsky/BFA.com
from JUUL Launch Party | June 4, 2015

JUUL LAUNCH PARTY

"No young person
or non-cotinine
user should ever
try (Juul)

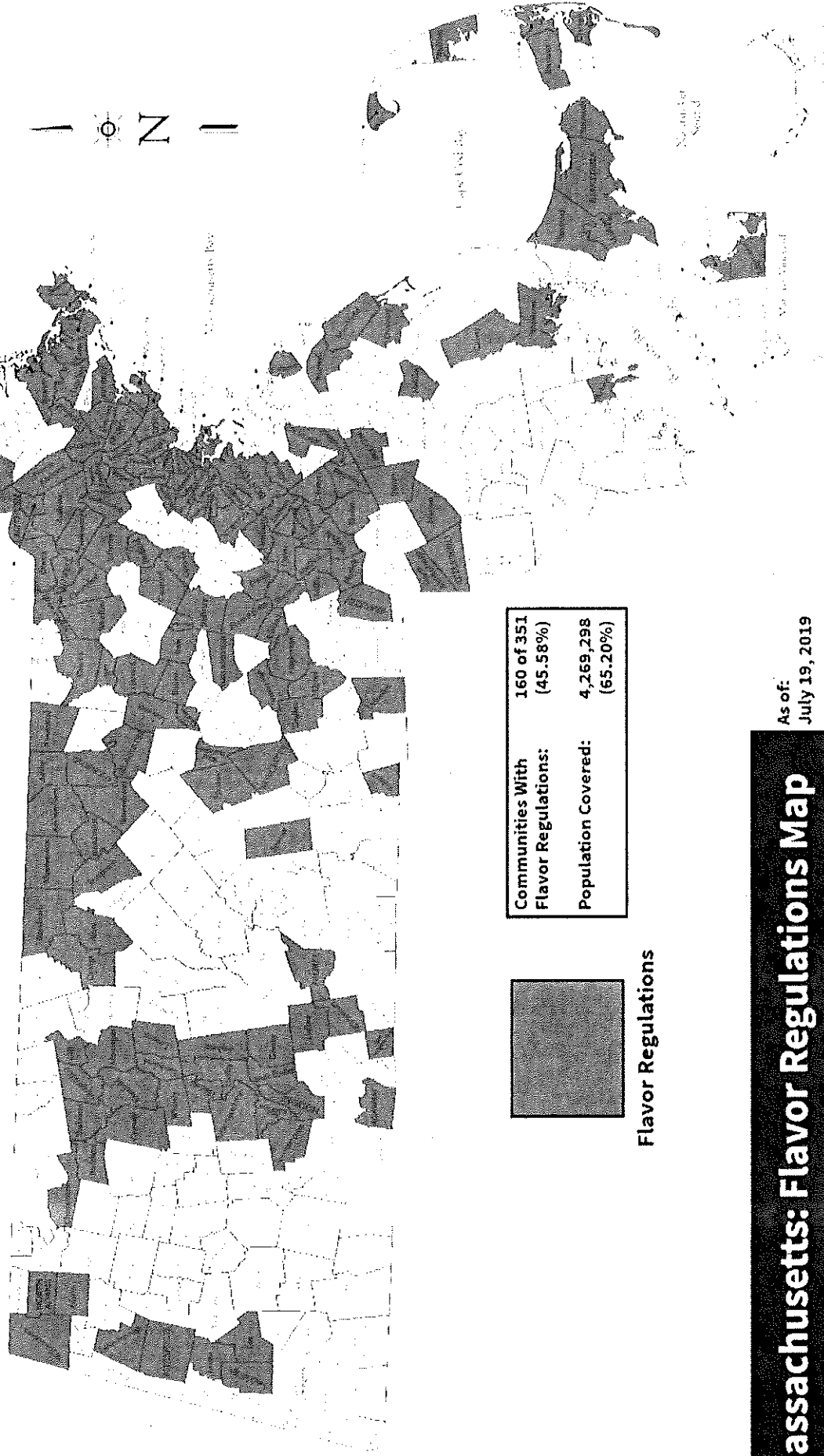
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REALLY?!

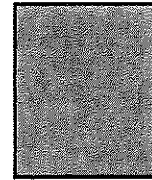


Photo Credits Benjamin Lozovsky/BFA.com
from JUUL Launch Party | June 4, 2015

Let's level the playing field - H.1902!



Communities With Flavor Regulations:	160 of 351 (45.58%)
Population Covered:	4,269,298 (65.20%)



Flavor Regulations

As of:
July 19, 2019

Massachusetts: Flavor Regulations Map

DON'T BE A JUUL FUUL

DON'T BE A JUUL FUUL

DON'T BE A JUUL FUUL



**THE COALITION FOR
"RESPONSIBLE"
RETAILING**

CRR

CRR = Big Tobacco/Vape

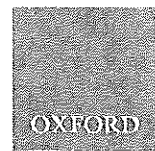
The MA CRR is funded by the New England Convenience Store & Energy Marketer Association, the National Association of Tobacco Outlets (NATO), the Retailers' Association of MA, and the New England Service Station and Auto Repair Association.

According to the American Lung Association, "NATO's 51,000 members are a mix of tobacco retailers, manufacturers, wholesalers, and farmer interests." Tobacco Free Kids says, "NATO continues to receive industry funding and maintains membership on its board of directors from every major tobacco company."

Since 2012, NATO has focused specifically on blocking local tobacco prevention ordinances in the retail environment."

Mark Gottlieb, Executive Director
Public Health Advocacy Institute

DON'T BE A JUUL FUUL



Brief report

Evaluating a Real World Ban on Menthol Cigarettes: An Interrupted Time-Series Analysis of Sales

Michael Chaiton PhD^{1,2,*}, Robert Schwartz PhD^{1,2},
Jennifer Shuldiner MSc^{1,2}, Gabrielle Tremblay MSc³, Robert Nugent MSc³

¹Ontario Tobacco Research Unit, Ontario, Canada; ²Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada; ³Office of Research and Surveillance, Tobacco Control Directorate, Health Canada, Ottawa, Ontario, Canada

Corresponding Author: Michael Chaiton, Ontario Tobacco Research Unit, 155 College St., Toronto, Ontario M5T 3M7, Canada. Telephone: 416-978-7096; Fax: 416-595-6068; E-mail: michael.chaiton@utoronto.ca

Abstract

Background: Menthol in cigarettes has been shown to increase regular cigarette smoking and nicotine dependence, and decrease success in smoking cessation. Owing to these reasons, in May 2015, the province of Ontario introduced a menthol ban on tobacco products that came into effect in January 2017 prior to a Federal Canadian Ban in October 2017. The objective of this article was to assess the effect of a provincial menthol ban on cigarette wholesale sales in Ontario.

Methods: Wholesale data submitted by tobacco manufacturers to Health Canada pursuant to the federal *Tobacco Reporting Regulations* from October 2012 to September 2017 were analyzed using interrupted time-series analysis. Changes in sales of cigarettes with and without menthol were estimated, using the province of British Columbia as a comparison. Analyses were seasonally adjusted.

Results: Sales of menthol and nonmenthol cigarettes increased from 2013 until the implementation of the 2017 provincial ban. Subsequently, a sharp decline of 55 million menthol cigarettes and 128 million total cigarettes was observed in Ontario. As a comparison, no significant changes were observed in British Columbia.

Conclusion: This study supports the conclusion that implementation of a menthol ban in Ontario was associated with significant reduction of menthol cigarette sales and total cigarettes sales, compared to British Columbia where there was no provincial menthol ban. This suggests that menthol regulations in jurisdictions with a larger percentage of menthol smokers are likely to be highly effective.

Implications: The 2017 menthol ban was associated with significant reduction of menthol cigarette sales and total cigarette sales suggesting that menthol regulations will have important effects on cigarette consumption.

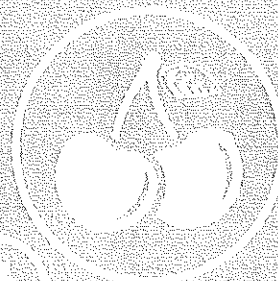
Background

Menthol in cigarettes has been shown to increase regular cigarette smoking and nicotine dependence, and decrease success in smoking cessation.^{1,2} On January 1, 2017, the province of Ontario implemented a ban on all use of menthol in tobacco products.³

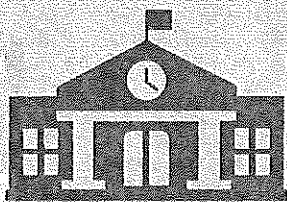
A Canada-wide federal menthol ban was then implemented in October 2017, banning the use of menthol in cigarettes, blunt wraps, and most cigars sold in Canada.⁴ Menthol sales comprised approximately 5% of cigarette sales in Canada in 2015,^{5–7} in comparison,

MENTHOL

**Menthol makes
cigarettes easier
to smoke and
harder to quit.**



**Current law
prohibits the use
of flavors in
cigarettes, except
for menthol.**



**Percentage of students
who smoke and use
menthol cigarettes:**



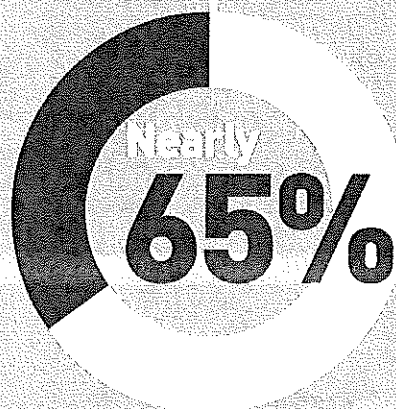
high school



middle school

**Nearly
9 in 10**

**African-American smokers
aged 12 and older use
menthol cigarettes.**

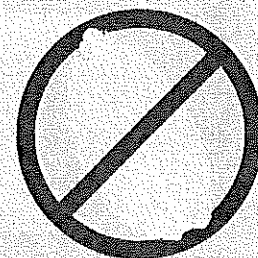


**of young menthol
smokers say they
would quit
if menthol cigarettes were banned.**

**If a menthol cigarette ban had been
enacted in 2011, it could have saved**

320,000

lives by 2019.



SPECIAL ARTICLE

SHATTUCK LECTURE

A Molecular Basis for Nicotine as a Gateway Drug

Eric R. Kandel, M.D., and Denise B. Kandel, Ph.D.

From the Howard Hughes Medical Institute (E.R.K.), Kavli Institute for Brain Science (E.R.K.), and the Departments of Neuroscience (E.R.K.) and Psychiatry (E.R.K., D.B.K.), College of Physicians and Surgeons, and Mailman School of Public Health (D.B.K.), Columbia University, and the New York State Psychiatric Institute (D.B.K.) — all in New York. Address reprint requests to Dr. E. Kandel at the Department of Neuroscience, College of Physicians and Surgeons, Columbia University, 1051 Riverside Dr., Unit 87, New York, NY 10032, or at erk5@columbia.edu.

N Engl J Med 2014;371:932-43.
DOI: 10.1056/NEJMs1405092
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ON THE HISTORIC OCCASION OF THE 122ND SHATTUCK LECTURE AND the 200th anniversary of the *New England Journal of Medicine*, we chose to address a topic that is at once scientific and personally historic. In recent debates over legalizing marijuana, from all-out acceptance in Colorado to narrow decriminalization in Maryland, the scientific question of the role of marijuana as a gateway drug (i.e., a drug that lowers the threshold for addiction to other agents) has loomed large. Both opponents and proponents of legalization have distorted what science does and does not tell us — and both sides have overlooked the importance of nicotine as a gateway drug.

Epidemiologic studies have shown that nicotine use is a gateway to the use of marijuana and cocaine in human populations. What has not been clear is how nicotine accomplishes this. In this article, we describe how our personal collaboration allowed us to bring the techniques of molecular biology to bear on this question and to reveal the action of nicotine in the brain of mice. We then apply our conclusions to the public health concerns that are being raised as the popularity of electronic cigarettes (e-cigarettes) has soared. In the process, we show the potential benefits to society of translating epidemiologic findings into public health policy.

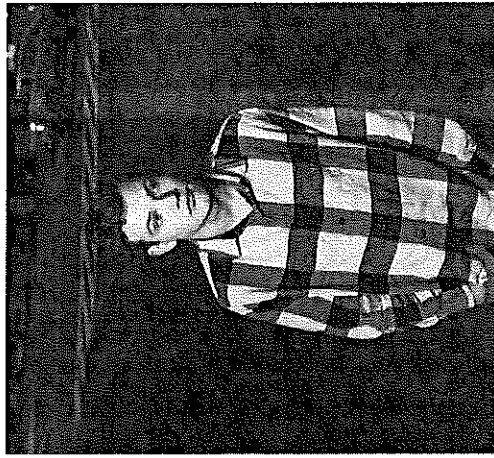
GATEWAY HYPOTHESIS AND THE COMMON LIABILITY MODEL

The gateway hypothesis was developed by Denise Kandel, who observed that young people become involved in drugs in stages and sequences.¹ She found that in the general population of the United States and other Western societies, a well-defined developmental sequence of drug use occurs that starts with a legal drug and proceeds to illegal drugs. Specifically, the use of tobacco or alcohol precedes the use of marijuana, which in turn precedes the use of cocaine and other illicit drugs.¹⁻⁶ Thus, in 2012, among U.S. adults 18 to 34 years of age who had ever used cocaine, 87.9% had smoked cigarettes before using cocaine, 5.7% began using cigarettes and cocaine at the same time, 3.5% used cocaine first, and 2.9% had never smoked cigarettes.

An alternative to the gateway hypothesis has been proposed on the basis of the idea that the use of multiple drugs reflects a common liability for drug use and that addiction, rather than the use of a particular drug, increases the risk of progressing to the use of another drug.^{2,7-10} Population studies have shown both generalized risk across substances and substance-specific risk — in particular, risk attributable to tobacco use.¹¹

Although epidemiologic studies can establish the sequence in which different substances are used and can specify their associations, such studies cannot determine what causes the progression from one drug to the next, nor can they identify on

Victims of Vaping



Matt Murphy
Addicted



Luka Kinard
Admitted to
Rehab



William Eric
Brown
1994 - 2019



Wake D'Elia
1979 - 2018

Juul

Tank

www.wmpeds.com



Westwood Office
541 High Street
Westwood, MA 02090
(781) 326-7700

Mansfield Office
454 Chauncy Street
Mansfield, MA 02048
(508) 339-9944

Easton Office
115 Main Street
Easton, MA 02356
(508) 535-5535



Boston Children's Hospital
Until every child is well

From: "Natasha Waden" <NWaden@town.arlington.ma.us>
To: "Padraig Martin" <PMartin@town.arlington.ma.us>
Date: 10/18/2019 10:08 AM
Subject: Fwd: WE NEED YOU! MAKE TWO QUICK CALLS TODAY! Support House Bill 4089!

Natasha Waden, RS
Public Health Director
Town of Arlington
27 Maple Street
Arlington, MA 02476
(781) 316-3170

www.arlingtonma.gov/health

From: "Christine Bongiorno" <CBongiorno@town.arlington.ma.us>
To: "Natasha Waden" <NWaden@town.arlington.ma.us>
Date: Tue, 08 Oct 2019 09:05:13 -0400
Subject: Fwd: WE NEED YOU! MAKE TWO QUICK CALLS TODAY! Support House Bill 4089!

Christine Bongiorno, MPH
Director of Health and Human Services
Town of Arlington
27 Maple Street
Arlington, MA 02476
(781)316-3170
www.arlingtonma.gov/hhs

From: Westwood-Mansfield Pediatric Associates <rsvp@wmpeds.com>
To: <cbongiorno@town.arlington.ma.us>
Date: Tue, 8 Oct 2019 12:59:38 +0000
Subject: WE NEED YOU! MAKE TWO QUICK CALLS TODAY! Support House Bill 4089!

WE NEED YOU! MAKE TWO QUICK CALLS TODAY!
Support House Bill 4089!

[View this email in your browser](#)

WE NEED YOU! MAKE TWO QUICK CALLS TODAY! Support House Bill 4089!

Hello Public Health Leaders of Massachusetts!

We are working hard with communities across the state to implement bans on the sale of flavored vape and tobacco products, **including mint and menthol.** (Email

me if you're interested in getting your community on board:
lester.hartman@childrens.harvard.edu)

House Bill 4089: An Act Regulating Flavored Tobacco Products (formerly H1902) bans all vape and tobacco flavors statewide (including mint and menthol) from convenience stores and only allows their sale and use at 21+ "smoking bars" i.e. hooka bars and cigar lounges. Mint and Menthol are key flavors in the initiation of nicotine addiction in children. This bill is key to our future health!

By the end of the month, we need to get this bill out of the Ways and Means Committee and to the House Floor to be voted upon by the full House of Representatives. Speaker DeLeo determines what bills make it out of committee and go to the House Floor for a full vote and Rep. Michlewitz chair's the Ways and Means Committee where the bill currently stands. **We want this bill out onto the floor with NO CHANGES** - we specifically want to make sure mint and menthol are given no flavor restriction exemptions in vape and tobacco products.

PHONE NUMBERS TO CALL!

1. Speaker of the House, Robert DeLeo's office: (617) 722-2500
2. Ways and Means Chairperson, Aaron Michlewitz's office: (617) 722-2990

SUGGESTED CALL SCRIPT

1. Identify who you are - your name and address.
2. Tell their assistants that you are in favor of House Bill 4089: An Act Regulating Flavored Tobacco Products.
3. Explain why you're in favor of this bill, give their assistants the sense you read the bill.
4. Provide a personal story. Tell them of the harm that vaping products have had in your life, to your children, your friends, or your community. Any story counts!
5. Thank the assistant for their time and reiterate your support for House Bill 4089.

This week may be the most important week for this bill. Pass along this information to as many friends, family, and organizations within Massachusetts as you can!

Regards,

Dr. Hartman and the Partners of Westwood-Mansfield Pediatric Associates

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Town of Arlington, Massachusetts

Tobacco Regulation



Town of Arlington, Massachusetts

CBD Regulation